

CLAIMANT'S NAME Matthew R. Bettenhausen		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT California Emergency Management Agency	
POSITION Secretary	CB/ID NUMBER E99	DIVISION OR BUREAU Executive			INDEX NUMBER
RESIDENCE*		HEADQUARTERS ADDRESS			TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Sacramento	CA	95833	Mather	CA	95655

[illegible][illegible]**CLAIM TOTAL**

6 710.42

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

3/16: Speak at Technolink Symposium; Attend JFO Presidential Disaster Declaration meeting.

3/18: IACP Membership dues.

3/19: Speak at LAPD Chief retirement event.

3/26: Speak at Disaster Response and Emergency Services Workshop; used personal credit card to add fuel

o state issued vehicle as voyager card didn't work.

5) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

DATE 1/1/1964

17) SIGNATURE AND TITLE OF AL [REDACTED] SPECIAL AGENT IN CHARGE (17 on reverse)

(18) SIGNATURE OF OFFICER APPROVING TRAVEL AND

(12) NORMAL WORK HOURS	
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9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

48.5¢/Mile

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

DATE 5/5/2010

✓ 51610